

rysm, and arterioclerosis. They were formerly supposed to act by dilating arterioles and diminishing the blood pressure, but they had no effect on the blood pressure or pulse, though they promoted the coagulation of the blood.

He found iodipin, or iodized sesame oil, most effectual injected under the skin, as this did not cause any gastric disturbance, and the iodine was slowly set free by oxidation. It relieved arterioclerosis by diminishing the uric acid dissolved in the blood and thus relaxed arterioles and relieved aneurysm, if syphilitic, by removing pathological effusion and counteracting the poison. In angina pectoris it must be given in large doses, 60 grn. daily for months. It was most useful in chronic pulmonary diseases, especially fibrous and emphysema, relieving dyspnea and liquefying the bronchial secretion, and it was best given in doses of 15 grn. at bedtime. In bronchial asthma doses of 10 grn. every two hours were very useful either by relieving spasms or freeing the blood from uric acid. In syphilis it was most useful from its anti-toxic powers and its eliminative action, particularly in affections of the nervous system and headache. In locomotor ataxia 120 grn. had been given daily with the best results. It had also been used with success in cases of intermittent fever, puerperal fever and erysipelas.

In chronic rheumatism, neuralgia, lumbago and sciatica, potassium iodide was often useful, probably by diminishing the uric acid dissolved in the blood; it was best combined with salicylic acid, which eliminated this acid. In cases of effusion, especially from interstitial nephritis or cirrhosis, iodides often were of service. In lead or mercurial poisoning they removed the metal from the tissues and caused its excretion. In simple goitre they were of great service if used early, but not in exophthalmic goitre. The iodide of sodium was less depressing than that of potassium.—*The Lancet*.

#### Pancreatitis and Biliary Lithiasis

Quénu and Duval have operated on four patients with pancreatitis occurring in the course of a gallstone affection. They have been able to find reports of other cases, bringing the total to 118. All varieties of pancreatitis have been encountered, and Kehr remarked recently that the oftener he operated the more frequently he found lesions in the pancreas. The pancreatitis was chronic in about half the cases on record, and almost always localized in the head of the gland. When the gallstone affection is accompanied by pancreatitis the biliary attack is not typical; there are always certain abnormal details. The location and the nature of the pain are a little different. It may be referred to